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OMB 0651-0032

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UTILITY **PATENT APPLICATION TRANSMITTAL**

Attomey Docket No. 26A-016 **HYUGA** First Inventor or Application Identifier FRONT GRILLE FOR A VEHICLE

Fax

(Only for new no	nprovisional applications under 37 C.F.R.§ 1.53(b))	Expres	ss Mail Label No.					
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.			Commissioner for Patents ADDRESS TO: Mail Stop Patent Application Alexandria, VA 22313-1450					
2. X Spe -Des -Cro -Bac -Sur -Brie -Det -Cla -Abs 3. X Drav 4. Oath or E a. X b.	wing(s) (35 U.S.C. 113) [Total Sheets 11 Declaration [Total Sheets 3 Newly executed (original or copy) Copy from a prior application (37 C.F.R§ 1.6 (for continuation/divisional with Box 16 completed i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b) TEMS 1 § 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY LL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT DIN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28 TINUING APPLICATION, check appropriate box, and mustion Divisional Continuation-in-part (Creation information: Examiner	on,).)) of supply IP)	Microfiche Computer Program (Appendix) Microfiche Program (Appendix) Microfiche Computer Program (Appendix) Microfiche Computer Program (Appendix) Microfiche Program (Appendix) Microfic					
The incor	under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.							
	17. CORRESPONDENCE ADDRESS							
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<u>/</u>	Telephone	(703) 707-9110 Fax	(703) 707-9112
Name (Print/type)	David G. Posz	Registration No. (Attorney/Agent)	37,701
Signature	ると大	Dat	e March 11, 2004

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PTO/SB/17 (01-03)
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Effective 10/01/2003. Patent fees are subject to annual revision.

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Į	Applica	nt Claims sma	I entity status.	See 37	CFR 1.27

TOTAL AMOUNT OF PAYMEN	T (\$)	954

Complete if Known						
Application Number						
Filing Date	March 11, 2004					
First Named Inventor	HYUGA					
Examiner Name						
Art Unit						
Attorney Docket No.	26A-016					

Check	METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)					
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Deposit						Fee Description	Fee Paid	
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Substitution Subs	Charge fee(s) indicated below, except for the filling fee	1805	1.840*	1805	1.840*	Requesting publication of SIR after		
1. BASIC FILING FEE Large Entity Small Entity	to the above-identified deposit account.		.,		.,	Examiner action		
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Code (\$) Code Code	Large Entity Small Entity	1253	950	2253	475	Extension for reply within third month		
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2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE Extra Claims	SUBTOTAL (1) (6) 770							
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1202 18 2202 9 Claims in excess of 20 1809 770 2809 385 Filing a submission after final rejection (37 CFR § 1.129(a)) 1201 86 2201 43 Independent claims in excess of 3 1203 290 2203 145 Multiple dependent claims in ot paid 1801 770 2810 385 For each additional invention to be examined (37 CFR § 1.129(b)) 1204 86 2204 43 "Reissue independent claims over original patent 2205 9 "Reissue claims in excess of 20 and over original patent SUBTOTAL (2) (\$) 144 Other fee (specify)	Code (\$) Code (\$)	8021	40	8021	40			
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1203 290 2203 145 Multiple dependent claim, if not paid 1204 86 2204 43 **Reissue independent claims over original patent 1205 18 2205 9 **Reissue claims in excess of 20 and over original patent 1205 18 2205 (\$) 144 14 1801 770 2801 385 Request for Continued Examination (RCE) 1802 900 1802 900 Request for expedited examination of a design application 1801 770 2801 385 Request for Continued Examination (RCE) 1802 900 Request for Examination (RCE) 1802 900 Properties 1	1201 86 2201 43 Independent claims in excess of 3	1810	770	2810	385	For each additional invention to be		
1204 86 2204 43 **Reissue independent claims over original patent 1205 18 2205 9 **Reissue claims in excess of 20 and over original patent SUBTOTAL (2) (\$) 144 Other fee (specify)	1203 290 2203 145 Multiple dependent claim, if not paid	1801	770	2801	385	, , , , , , , , , , , , , , , , , , , ,		
1205 18 2205 9 **Reissue claims in excess of 20 and over original patent SUBTOTAL (2) (\$) 144 Other fee (specify)	1204 86 2204 43 **Reissue independent claims		900	1802		Request for expedited examination		
SUBTOTAL (2) (\$) 144 Other fee (specify)	1205 18 2205 9 **Reissue claims in excess of 20			ı		or a design application		
	SUPTOTAL (2)	Other	fee (spe	cifv)				
	(4)				SUBTOTAL (3) (\$)	40		

SUBMITTED BY Complete (if applicable) Registration No. Name (Print/Type) David G. Posz 37,701 Telephone (703) 707-9110 (Attorney/Agent) Signature March 11, 2004 Date

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